

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **100**  
 City **St. Louis, Mo.** (No. **5857** **Enright Cer.**)  
 St. .... Ward)

File No. **28492**  
 Registered No. **8024**

**2. FULL NAME**

(a) Residence. No. **5857 Enright Cer.** St. **5** Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, Widowed, or Divorced Husband or (or) WIFE OF **John Naehn**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 6, 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**58 | 8 | 1**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Hausenwerk**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Virginia**

10. NAME OF FATHER **James D. Parsons**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburg Penn.**

12. MAIDEN NAME OF MOTHER **Emma Hopkins**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Wheelers West Virginia**

14. INFORMANT (Address) **John Naehn 5857 Enright Cer.**

15. FILED **SEP - 9 1927** **mut @ Stanley**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **September 7 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 4** 1927, to **Sept 7** 1927, and that I last saw her alive on **Sept 7** 1927, and that death occurred, on the date stated above, at **10:30 A. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Myocarditis, chronic**

CONTRIBUTORY (SECONDARY) **40 B** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Signs**  
 (Signed) **Drew Luter** M. D.

9-8-1927 (Address) **St. Louis Mo.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Louis Cemetery** DATE OF BURIAL **9/10/1927**

20. UNDERTAKER **Bergesch & Co - 3661 Washington St.** ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

